

INCIDENT REPORT FORM

Date of report: _____

Time of report: _____ AM PM

Date of injury: _____

Time of injury: _____ AM PM

Name of Company: _____

Address of Company: _____

Activity Involved: _____ Location of Incident: _____

WEATHER:

Cloudy Rain Snow Windy Ice

Temperature at time of incident: _____

Nature of suspected injury: _____

Treatment rendered: _____

Name of person providing treatment: _____

TRANSPORTATION OF INJURED PERSON:

Left on their own Ambulance Medical Evacuation Helicopter

When Possible, describe what occurred in injured person's own words:

INJURED PERSON'S INFORMATION:

Name: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Mobile No: _____

E-mail: _____ @ _____

Health Insurance: Yes No

WITNESS INFORMATION (use separate pages for statements):

1. Name: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Mobile No: _____

E-mail: _____@_____

2. Name: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Mobile No: _____

E-mail: _____@_____

3. Name: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Mobile No: _____

E-mail: _____@_____

PERSON COMPLETING FORM:

Name: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Mobile No: _____

E-mail: _____@_____

SUPPLEMENTAL INFORMATION:

Witness Statements taken: Yes No

Photographs of accident scene taken: Yes No

Diagram of accident scene prepared: Yes No

Equipment involved in incident: Yes No

Identify equipment involved: _____

Signature of Injured Person

Signature of Person Completing Form